



TELECOMMUTING WORK AGREEMENT

Office/Division

The following constitutes an agreement on the terms and conditions of telecommuting between:

Supervisor

Employee

Section A. Employee Information

Name of Employee: _____

Current Title: _____ Name of Department: _____

Name/title of direct supervisor: _____

Name of human resource contact: _____

Section B. Alternate Work Location

Home _____
(Address)

Other _____
(Address)

Youth services assumes no liability for injuries occurring in the employee's home workspace outside of work hours.

Section C. Communication

Phone where you can be reached: _____

How will incoming calls be addressed?

- Call forwarding to above phone number
- Retrieving messages through voice mail
- Designation of receptionist or co-worker to take and route calls to you

Section D. Network Access

Do you have the following available to you at the alternate work location?

- Computer
- High speed network with internet access

Section E. State-owned Equipment

| | Equipment Description | Date of Issue | Property Tag Number |
|----|-----------------------|---------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

- 3. _____
- 4. _____
- 5. _____

Justification for State-owned Equipment

State owned equipment shall be used only for state purposes and employees are responsible for protecting state-owned equipment from theft, damage, and unauthorized use.

Section F. Work Schedule / Hours / Time Sheets

Regular telecommuting work hours agreed to (e.g. hours that on-site staff know they would be able to get hold of telecommuter on a regular basis):

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Time Sheets shall be completed for each pay period and submitted either electronically or in hard copy, as outlined in each case-by-case Work Agreement, by the last day of the pay period.

The attached Time Sheet [A.2.51(b)] shall be used to document daily task and work hours.

Section G. Work Assignments

I have read and understand both the telecommuting policy and this agreement and agree to abide by these terms and conditions. I agree that the sole purpose of this agreement is to define the telecommuting rules and that it does not constitute an employee contract.

Employee Signature

Date

Supervisor Signature

Date

Deputy Secretary Signature

Date